Name in Full: Sarah Charlotte Albert

Certificate of Death

Died at: Town: Hagerstown County: Wash MARYLAND

Date 1894 Month: Feb Day: 4 | Age Y.: 76 M.: D.: 22 | Native of: Pa. | Occupation: H.W.

~~Male~~ White Married Widow ~~Divorced~~

Female ~~Colored~~ Single ~~Widower~~ Number of children living 3

~~Husband~~ Wife of Henry Cromer, Henry Witmer, George Albert (Thrice married)

Father's Name: George Hoffman

Mother's Name: ✓

Cause of Death: Primary: Mitral regurgitation, Senility | How long sick: 4 mo

Immediate: Exhaustion | ~~Accident, Suicide, Homicide~~

Reported by: M.B. Morrison M.D.

Address: Hagerstown Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full: Babe Not Named

Certificate of Death: [illegible]

Died at: Town: Spillmans Switch County: Washington MARYLAND

Date 1899 Month: Feby Day: 17 Age Y. M. D.: 3, 2 3 Native of: ~~Md~~ Occupation: ——

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

Husband of Wife: — — — — — —

Father's Name: John Artz 71 Mother's Name: Ella Himes

Cause of Death: Primary: Capillary Bronchitis How long sick: 7 days

Immediate: ——— ~~Accident, Suicide, Homicide~~

Reported by: L. M. Reichard M.D.

Address: Fairplay Washington Co

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 85868

Name in Full John Barr

Certificate of Death

Died at Town Hagerstown County Washington MARYLAND

Date 1899 Month Feb Day 7 Age Y. 71 M. 1 D. 10 Native of Occupation Farmer

Male White ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ ~~Colored~~ ~~Single~~ Widower Number of children living 3

Husband of Wife Elizabeth Foulder

Father's Name Mother's Name

Cause of Death Primary Senility 141 How long sick 2 mks

Immediate ~~Accident, Suicide, Homicide~~

Reported by A. P. Stuyer, Md

Address Hagerstown, "

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65068

Name in Full

Certificate of Death

Mary E Bowers

Town

Died at Hagerstown County Washington MARYLAND

Date 189 9 | Month Feb. | Day 8 | Age Y. 77 M. 0 D. 8 | Native of | Occupation

~~Male~~ Female | White ~~Colored~~ | Married ~~Single~~ | Widow ~~Widower~~ | ~~Divorced~~

Number of children living Three

~~Husband~~ Wife of John. G. Bowers

Father's Name David Young

Mother's Name Catharine Ansbinger

Cause of Death: Primary Old age & Debility. How long sick Some time

Immediate Weak Heart 1241

~~Accident, Suicide, Homicide~~

Reported by E A Planck

Address Hagerstown Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name In Full Mrs. Mary Ann Victor Cushwa

Certificate of Death

Died at Town Williamsport County Washington MARYLAND

Date 189 9 Month 2 Day 24 Age Y. 66 M. D. Native of Occupation

~~Male~~ Female White ~~Colored~~ Married ~~Single~~ Widow Widower Divorced Number of children living

~~Husband~~ Wife of Victor Cushwa

Father's Name Wm. Kreigh Mother's Name

Cause of Death Primary Stomach trouble How long sick

Immediate 81 Accident, Suicide, Homicide

Reported by Williamsport Transcript

Address 2-25/99

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 79898

Name in Full | Certificete of Death

Annie May Dykes

Died et — Town: near Weverton — County: Washington — MARYLAND

Date 189 9 — Month: 2 — Day: 9 — Age Y. 23 M. D. — Native of: md — Occupetion

~~Male~~ ~~White~~ Married ~~Widow~~ Divorced

Female Colored ~~Single~~ ~~Widower~~ Number of children living 2

Husband / Wife of: Albert Dykes

Father's Neme: Rodney Eding — Mother's Name: Tiza Davis

Cause of Death — Primary: 22a — How long sick: 6 mo

Immediate: Consumption — Accident, Suicide, Homicide

Reported by: ~~Albert Dykes~~ [illegible]

Address: ~~Weverton md~~ Brunswick md

Must be signed by physician, if any in ettendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Attended by Dr. Yeardy

of Brownsville Ind

Seen by Coroner

of

Information contained in this certificate received from Albert Sykes

of Weverton Md

Name in Full — Henry Edwards

Certificate of Death

Died at Town: Hagerstown — County: Washington — MARYLAND

Date 1899 — Month: Feb. — Day: 25th — Age: Y. 77 M. 1 D. 25 — Native of: Connecticut — Occupation: Clergyman

Male ~~Female~~ — White ~~Colored~~ — Married ~~Single~~ ~~Widow~~ ~~Widower~~ — ~~Divorced~~ — Number of children living 5

Husband ~~Wife~~ of Charlotte Maria Crane

Father's Name: Horace Edwards — Mother's Name: Maria Goldsmith Shipman

Cause of Death — Primary: Arterio-sclerosis 66 — How long sick: Ten years

Immediate: Heart failure — ~~Accident~~, ~~Suicide~~, ~~Homicide~~

Reported by J. W. Humichouse M.D.

Address Hagerstown Washington Co. Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 6598B

Name in Full

Certificate of Death

Martin Emmerth

Town — County

Died at Hagerstown Washington MARYLAND

Month Day Y. M. D. Native of Occupation

Date 1899 Feb 25 Age 79 1 3 Maryland Farmer

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ ~~Widow~~ Widower Divorced Number of children living 5

Husband / Wife of Ann Russell

Father's Name Mich. Emmerth Mother's Name Ann Myers

Cause of Death — Primary: Aortic Stenosis 57 — How long sick several yrs

Immediate: Acute Gastritis — Accident, Suicide, Homicide

Reported by A. P. Stanford M.D.

Address Hagerstown Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name In Full

Certificate of Death

John Fessler

Died at Town Smithsburg County Washington MARYLAND

Date 1899 Month Feb Day 7th | Age Y. 84 M. D. | Native of Md | Occupation Retired

Male ~~Female~~ | White ~~Colored~~ | ~~Married~~ Single | ~~Widow~~ Widower | ~~Divorced~~ | Number of children living Three

Husband of Wife Susan Fessler

Father's Name Jacob Fessler | Mother's Name Susan Fessler.

Cause of Death: Primary Old age 141 | How long sick 12 months Abt.

Immediate General Debility | ~~Accident, Suicide, Homicide~~

Reported by J. H. Harbaugh

Address Smithsburg Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full: not named Fockler

Certificate of Death

Died at Town: Hagerstown County: Washington MARYLAND

Date 189 9 Month 2 Day 23 Age Y. — M. D. 16 Native of Md Occupation

Male White ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ ~~Colored~~ Single ~~Widower~~ Number of children living

~~Husband~~ ~~of~~ Wife

Father's Name: Harry L. Fockler

Mother's Name: Ella V. Mitchell

Cause of Death: Primary Inanition

Immediate Exhaustion

140

How long sick ✓

~~Accident, Suicide, Homicide~~

Reported by: McGuire

Address: Hagerstown

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full — Certificate of Death

Louie Gehr

Died at Indian Spring (Town) Washington (County) MARYLAND

Date 189 — Month Feb. Day 16 — Age Y. 48 M. D. 14 — Native of Md. — Occupation Housekeeper

~~White~~ White — ~~Married~~ — ~~Widow~~ — ~~Divorced~~

Female — ~~Colored~~ — Single — ~~Widower~~ — ~~Number of children living~~

Husband of Wife

Father's Name William M. Gehr — Mother's Name Sophia Gehr

Cause of Death — Primary Influenza 9 — How long sick 10 days

Immediate Pneumonia — ~~Accident, Suicide, Homicide~~

Reported by Abraham Shank. M. D.

Address Clearspring Washington Co.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU

Name in Full

Harry E B Golden

Certificate of Death

Died at Town Hagerstown County Washington MARYLAND

Date 1899 Month Feb Day 6 | Age Y. 3 M. 3 D. 15 | Native of Wash Co | Occupation child

Male White ~~Married~~ Widow ~~Divorced~~

~~Female~~ ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

Husband of Wife ✓

Father's Name Wm L Golden

Mother's Name Anner Carty.

Cause of Death

Primary Diphtheria 8a

Immediate Septicaemia

How long sick 7 Days.

~~Accident, Suicide, Homicide~~

Reported by W B Monroe MD

Address Hagerstown Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full Mora Groff

Certificate of Death

Died at Town Fairplay County Washington MARYLAND

Date 1899 Month Feby Day 24 | Age Y. 4 M. 14 D. | Native of | Occupation

~~Male~~ Female | White ~~Colored~~ | ~~Married~~ Single | Widow Widower | Divorced ~~Number of children living~~

Husband Wife of 77

Father's Name Wm. H. Groff Mother's Name Stella Jacobs

Cause of Death { Primary Laryngitis & Bronchitis How long sick 1 week
Immediate Convulsions ~~Accident, Suicide, Homicide~~

Reported by D. M. Reichard M.D.

Address Fairplay Wash. Co.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, REORD

Name in Full

James. H Harley

Certificate of Death

Died at Town Hagerstown County Washington MARYLAND

Date 1899 Month Feb Day 1 | Age Y. 56 M. 9 D. | Native of Md. | Occupation Truck Farmer

~~Male~~ ~~Female~~ | White ~~Colored~~ | Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ | Number of children living 4

Husband ~~Wife~~ of 1st Annie E Robinson 2nd Ella Smith

Father's Name Jas Harley | Mother's Name Ella ?

Cause of Death: Primary Gun Shot wound in head | How long sick V

Immediate, Hemorrhage (Shock) ? | ~~Accident~~, Suicide, ~~Homicide~~

Reported by W. F. Morrison

Address Hagerstown

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full: Zulu Hay

Certificate of Death

Died at: Town: Hagerstown County: Washington Co MARYLAND

Date 1899 Month: Feb Day: 5th | Age Y. M. D.: 19.0.22 | Native of: Maryland | Occupation: —

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ Single Widower ~~Number of children living~~

Husband of —

Wife —

Father's Name: W. G. Hay

Mother's Name: Sallie M. McDade ~~Hay~~

Cause of Death: Primary: La Grippe 9.

Immediate: Meningitis

How long sick: 10 days

~~Accident, Suicide, Homicide~~

Reported by: E. A. Warehaus

Address: Hagerstown

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full

William Haynes

Certificate of Death

Died near Town Rohrersville County Wash. MARYLAND

Date 1899 Month Feb. Day 25. Age Y. 80. M. 9 D. 2 Native of Wash. Co Md. Occupation Post Fence Maker.

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ ~~Widowed~~ Widower ~~Divorced~~

Number of children living 2

~~Wife of~~ Husband Mary Buck

Father's Name John Haynes Sr. Mother's Name Rachel Jones.

Cause of Death: Primary Grippe 9 How long sick 5 mo.

Immediate Pneumonia ~~Accident, Suicide, Homicide~~

Reported by C. D. Baker.

Address Rohrersville Wash. Co Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 55068

Name In Full William Householden

Certificate of Death

Died at Town Hagerstown County Washington MARYLAND

Date 189 9 Month 2 Day 25 Age Y. 80 M. D. Native of Occupation

Male White Married Widow Divorced

~~Female~~ Colored Single Widower Number of children living

Husband of Wife

Father's Name Mother's Name

Cause of Death Primary Chronic bronchitis How long sick

Immediate 70 Accident, Suicide, Homicide

Reported by Williams Bort Transcript

Address 3-4 Yr

Must be signed by physician, if any in attendance, otherwise by coroner, underteker or minister.

LIBRARY BUREAU. 79898

Name In Full Mrs. Alice Lantz

Certificate of Death

Died at (Town) Pinesburg (County) Washington MARYLAND

Date 1899 Month 2 Day 19 Age Y. 79 M. D. Native of Occupation

~~Male~~ Female White ~~Colored~~ Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~

Number of children living 1 daughter

~~Husband~~ Wife of Jacob Lantz

Father's Name David Brown Mother's Name

Cause of Death: Primary Cancer 25 y — How long sick 2 years

Immediate — Accident, Suicide, Homicide

Reported by Williamsport Transcript

Address 2-25-'99

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79848

Name in Full | Certificate of Death

Mrs Susan Martin

Died at Town Mangansville County Washington MARYLAND

Date 1899 Month Feb Day 14 | Age Y. 6 M. 5 D. 3 | Native of Md | Occupation Housewife

~~Male~~ White Married ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 8

~~Husband~~ Wife of Solomon Martin

Father's Name Jacob Martin Mother's Name Catharine Martin

Cause of Death
Primary Chronic Valvular Disease of Heart How long sick 10 mos.
Immediate Dropsy 57 ~~Accident, Suicide, Homicide~~

Reported by D. C. R. Miller M. D.

Address Mason & Dixon Pa.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, [illegible]

Name in Full

Certificate of Death

John McAvoy

Died at Town: Hancock County: Washington MARYLAND

Date 1899 Month: Feb Day: 8 | Age Y. 54 M. D. | Native of: Hancock | Occupation: Farmer

Male ~~Female~~ | White ~~Colored~~ | Married ~~Single~~ | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ | Number of children living 6

Husband of Wife: Teresa McAvoy

Father's Name: Patrick McAvoy | Mother's Name: Mary McAvoy

Cause of Death — Primary: Typhoid Pneumonia | How long sick: 2 weeks

Immediate: | Accident, Suicide, Homicide

Reported by: Martin Jenkins F. D.

Address: Hancock Washington Co Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 79898

Attended by Dr. P. E. Sleigers

of Hancock Md

Seen by Cor

of

Information contained in this certificate re-

Name in Full

Certificate of Death

Henry M. Stanley

Died at Town: Hagerstown County: Wash. Co MARYLAND

Date 1899 Month: Feb Day: 7 Age Y.: 77. M.: 5. D.: 6. Native of: Md Occupation: Farmer

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ ~~Widowed~~ Widower ~~Divorced~~ Number of children living 2

Husband ~~Wife~~ of Catherine A. McStanley & America McStanley

Father's Name Samuel McStanley Mother's Name

Cause of Death: Primary Bright's disease How long sick 2 years

Immediate

~~Accident, Suicide, Homicide~~

Reported by C. M. Stanley M.D.

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 65968

Name In Full

Certificate of Death

Elizabeth Nicodemus.

Died at Town Boonsboro. County Washington MARYLAND

Date 1899. Month February Day 28 Age Y. 82. M. D. Native of Maryland Occupation House wife.

~~Male~~ Female White ~~Colored~~ Married ~~Single~~ Widow ~~Widower~~ ~~Divorced~~ Number of children living None

Husband of Wife Thomas Nicodemus.

Father's Name Christian Heck Mother's Name Elizabeth Heck.

Cause of Death Primary Chronic Bronchitis. 70 How long sick I attended her 3 days.

Immediate Debility & old age. ~~Accident~~, ~~Suicide~~, ~~Homicide~~

Reported by J Hubert Wade. M. D.

Address Boonsboro. Wash. Co., Maryland.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79899

Name In Full Mrs. Harriett Orndorff

Certificate of Death

Died at Town Williamsport County Washington MARYLAND

Date 189 9 Month 2 Day 26 Age Y. 96 M. 10 D. 20 Native of Occupation

~~Male~~ Female White ~~Colored~~ Married ~~Single~~ Widow Widower Divorced Number of children living

~~Husband~~ Wife of Wm. Orndorff

Father's Name Mother's Name

Cause of Death Primary General debility How long sick

Immediate 141 Accident, Suicide, Homicide

Reported by Williamsport Transcript

Address 3-4

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79999

Name in Full Mrs Harriet Orndorff

Certificate of Death

Died at Town Hagerstown County Washington MARYLAND

Date 1899 Month Feb Day 26 Age Y. 96 M. 10 D. 20 Native of Md. Occupation none

~~Male~~ White Married Widow ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 5

~~Husband~~ Wife of Wm Orndorff

Father's Name John Hilldebrand Mother's Name —

Cause of Death Primary Senility 141 How long sick not long.

Immediate Accident, Suicide, Homicide

Reported by E A Warthan

Address Hagerstown Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU; 65968

Name In Full Amos Orndorff

Certificate of Death

Died at Town Williamsport County Washington MARYLAND

Date 189 9 Month 2 Day 24 Age Y. 53 M. D. Native of Maryland Occupation

Male ~~Female~~ White ~~Colored~~ Married Single Widow Widower Divorced

Number of children living

Husband of Wife

Father's Name

Mother's Name 44

Cause of Death: Primary — Paralysis — How long sick

Cause of Death: Immediate — Accident, Suicide, Homicide

Reported by Williamsport Transcript

Address 2-25-th/99.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70888

Name in Full

Mary Pryor

Certificate of Death

Died at Town Hancock County Washington MARYLAND

Date 1899 Month Feb Day 8 Age Y. 54 M. D. Native of Maryland Occupation

~~Male~~ White Married ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 5

~~Husband~~ ~~of~~ Wife Jacob Pryor

Father's Name Robert Terry Mother's Name Bridget Terry

Cause of Death Primary Consumption How long sick 8 years

Immediate Accident, Suicide, Homicide

Reported by Martin Jenkins F D

Address Hancock Was Co Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Attended by Dr. J. A. West
of Hancock Md

Seen by Coroner _____

of _____

Information contained in this certificate received from _____

of _____

Name In Full Alfred Schnebly

Certificate of Death

Died at Town Williamsport County Washington MARYLAND

Date 1899 Month 2 Day 10 Age Y 71 M. D. Native of Occupation

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ Number of children living 6

~~Wife~~ Husband of Miss Holman

Father's Name Mother's Nama

Cause of Death: Primary Acute Pneumonia — How long sick

Immediate 7d — Accident, Suicide, Homicida

Reported by Williamsport Leader

Address 2-17

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Rev. M. D. Gaver
Lutheran Ch.

Name in Full Samuel Shoemaker

Certificate of Death

Died at near Hancock Town County Washington MARYLAND

Date 189 9 Month 2 Day 21 Age Y. 68 M. D. Native of Occupation

Male White Married ~~Widow~~ ~~Divorced~~

~~Female~~ ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 7

Husband of Wife

Father's Name Mother's Name

Cause of Death Primary 161 How long sick

Immediate Accident, Suicide, Homicide

Reported by Williamsport Transcript

Address 2-25th/99

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79908

Name in Full — Shook

Certificate of Death

Town: Middletown

County: Washington

Died at: near Middletown

MARYLAND

Date 189 9 — Month 2 — Day 19 — Age Y. 7 M. D. — Native of — Occupation

Male / ~~Female~~ — White / ~~Colored~~ — Married / Single — Widow / Widower — Divorced / Number of children living

Husband of Wife

Father's Name: Herman Shook

Mother's Name: 77

Cause of Death — Primary: When a yr. old he swallowed a timothy head, which lodged in his lungs.

Immediate

How long sick

Accident, Suicide, Homicide

Reported by: Williamsport Transcript

Address: 2-28th 1/99.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Certificate of Death

Name in Full Max F. Spessard

Died at Hagerstown (Town) Washington (County) MARYLAND

Date 1899 Month 2 Day 8 | Age Y. 1 M. 13 D. | Native of Hagerstown | Occupation child

Male ~~Female~~ | White ~~Colored~~ | ~~Married~~ Single | ~~Widow~~ Widower | ~~Divorced~~ ~~Number of children~~ living

Husband of
Wife

Father's Name Chas. A Spessard

Mother's Name Annie M. Spessard

Cause of Death — Primary: Catarrhal Pneumonia — How long sick: 2 days

Immediate: Convulsion 71 — ~~Accident, Suicide, Homicide~~

Reported by J. E. Pitzer

Address Hagerstown Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full Chas Updegraff

Certificate of Death

Died at Town Hagerstown County Washington MARYLAND

Date 189 9 Month Feb Day 12 | Age Y. 21 M. 4 D. 25 | Native of Md | Occupation Mill Employee

Male ~~Female~~ | White ~~Colored~~ | ~~Married~~ Single | Widow Widower | Divorced ~~Number of children living~~

Husband of
Wife

Father's Name Jos B Updegraff

Mother's Name Dellinger

Cause of Death: Primary Typhoid Fever

Immediate Intestinal haemorrhage

How long sick Two weeks

~~Accident, Suicide, Homicide~~

Reported by W W Scott

Address Hagerstown

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 65066

Name in Full Ida. White

Certificate of Death

Died at Town Hagerstown County Washington MARYLAND

Date 1899 Month 2 Day 21 | Age Y. M. D. | Native of Va | Occupation House Work

~~Male~~ White Married ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 2

Husband of Wife James M. White

Father's Name

Mother's Name

Cause of Death { Primary Abeess 128 | How long sick 14 hrs

Immediate Shock | ~~Accident, Suicide, Homicide~~

Reported by J. E. Pitsnogle

Address Over Hagerstown Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

while is away from Home
and I can not get her ~~full~~
Father & mother names at present
but will later and send them
to you. Yours Respt J. E. Pilsnagle

Name in Full

Certificate of Death

Leona Virginia Wilson

Died at Town Hagerstown County Washington MARYLAND

Date 1899 Month Feb. Day 3 | Age Y. 20 M. 7 D. 11 | Native of M. Va. | Occupation Knitter in factory

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ Single ~~Widow~~ ~~Number of children living~~

Husband / Wife of ✓ 9 ✓

Father's Name William Wilson Mother's Name Annie S. Zapp.

Cause of Death — Primary La Grippe Pneumonia — How long sick 12 Days

Immediate Heart Asthenia

~~Accident, Suicide, Homicide~~

Reported by J. B. Morrison M.D.

Address Hagerstown

Must be signed by physician, if any in attendanco, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name In Full Mrs. Margaret Winters

Certificate of Death

Town Cavetown County Washington MARYLAND

Died at near Cavetown

Date 189 9 Month 2 Day 21st Age Y. 70 M. D. Native of Occupation

~~Male~~ White ~~Married~~ Widow ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 6

~~Husband~~ Wife of Joseph Winters

Father's Name Mother's Name 44

Cause of Death Primary Paralysis & general debility How long sick

Immediate Accident, Suicide, Homicide

Reported by Williamsport Transcript

Address 2-20

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79999